

2015 Dental Plan Comparisons - State Employees																									
2014 Dental	State Uniform Dental		HDHP State Uniform Dental		EPIC Benefits +		Dental WI PPO		Dental WI Select		Anthem Dentacare HMO		Anthem Preferred PPO		Anthem Supplemental										
Network	Requires a Preferred Provider	Out-of-Network Providers (if covered by plan)	Requires a Preferred Provider	Out-of-Network Providers (if covered by plan)	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Delta Dental PPO Providers	All other recommended Delta Premier Providers	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Must use a Dentacare Center		Any Dentist. Benefits are paid at a higher level if a PPO dentist is used.		Any Dentist										
2015 Premium Rates					Without Vision**	With Vision**	Active Employees & COBRA**		Active Employees & COBRA**		Region 1	Region 2													
Employee	Included with most health plans*		Included with most health plans* Not all health plans offer out-of-network dental coverage. Check with your health plan before receiving out-of-network services.		\$19.77	\$24.02	\$25.49		\$20.52		\$18.62	\$18.62	\$20.48		\$18.08										
Employee + Spouse or Domestic Partner					\$39.54	\$47.04	\$53.96		\$42.19		\$37.24	\$37.24	\$40.95		\$36.17										
Employee + Child(ren)					\$39.54	\$47.04	60.34		48.68																
Family					\$59.31	\$70.34	\$91.21		\$71.59		\$59.57	\$59.57	\$67.57		\$54.28										
Provider Network	In Network	Out-of-Network	In Network	Out-of-Network	Open Network		In Network	Out-of-Network	Open Network		Dentacare Providers Only		PPO Dentist	Other Dentist	Open Network										
Deductible	\$0	\$0	Combined deductible includes medical, dental, and drug: \$1,500 single / \$3,000 family	Combined deductible includes medical, dental, and drug: Varies by plan if out-of-network benefits available	\$75		\$25	\$50	\$50		\$0		\$25 per member	\$50 per member	\$50 per member										
Calendar Benefit Max	\$1,000		\$1,000		\$1,500 for new enrollees, if applicable		\$1,000		\$1,000		\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty Services		\$1,250 per member		\$1,250 per member										
2015 Max	\$1,000		\$1000 annual benefit maximum \$2,500 single / \$5,000 family combined medical, dental, and drug annual out-of-pocket limit applies for in-network providers. Out-of-network benefits may not be available through all health plans.		\$750		\$1,000		\$1,000		See above		\$1,250 per member		\$1,250 per member										
2016 Max					\$1,000																				
2017 Max					\$1,500																				
Diagnostic & Preventative	100%	75%	100%	75%	Not Covered		100%	75%	Not Covered		100%		80%	75%	0%										
Routine Evals	2 per year		2 per year		Not Covered		1 every 6 months		Not Covered		100%		80%		75%	0%									
Cleanings	2 per year		2 per year				1 every 6 months																		
Bitewing X-rays	1-4 films (image)		1-4 films (image)				1 every 12 months																		
Panoramic X-rays	Once every 60 months		Once every 60 months				Once every 60 months																		
Fluoride	2 per year up to age 19		2 per year up to age 19				Once per year up to age 16																		
Basic	See specific services		See specific services		50% on covered procedures as related to Major Services		75%	55%	75%		80%		60%	50%	75%										
Fillings	100%	50%	100%	50%	50%		75%	55%	75%	80%		60%	50%	75%											
Extractions (non-surgical)	Not covered		Not covered											75%											
Local Anesthesia	80%		50%											80%		50%		100%		80%		75%		75%	
Emergency Palliative																								75%	
X-rays	100%	75%	100%	75%			50%		50%	25%	50%	100%		80%	75%	Not covered									
Oral Surgery	Not covered, but may be covered under medical plan		Not covered, but may be covered under medical plan									Limited to certain procedures: 80%		Limited to certain procedures: 60%	Limited to certain procedures: 50%	Limited to certain procedures: 75%									
Major/Restorative	See specific services		See specific services		50% on covered procedures as related to Major Services		50%	25%	50%		60%		40%	25%	60%										
Implants	Not covered		Not covered		50%		50%	25%	50%	Not covered		40%	25%	Not covered											
Crowns										60%				60%											
Bridges																									
Dentures																									
Endodontic	80%: Limited to Periodontal Maintenance		50%: Limited to Periodontal Maintenance				50%		50%	25%	50%	80%		40% Complex 60% Simple	25% Complex 50% Simple	60% Complex 75% Simple									
Periodontic					60%: Limited to Periodontal Maintenance							40%: Limited to Periodontal Maintenance	25%: Limited to Periodontal Maintenance	60%: Limited to Periodontal Maintenance											
Dental Waiting Period	None		None		None		Preventative - None Basic & Major - 3 months		Basic & Major - 3 months		None		3 months Major & Basic		3 months Major & Basic										
Claim Filing Timeline	12 months		12 months		120 days		120 days		120 days		15 months		15 months		15 months										
Orthodontia	50% (under 19 only)		50% (under 19 only)		50% (under 19 only)		50% if begun before 19		50% if begun before 19		50%		50%		50%										
Ortho Lifetime Max	\$1,500		\$1,500		\$1,200		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000										
Ortho Waiting Period	None		None		24 months		12 months		12 months		None		None		None										
Website	http://etf.wi.gov/members.htm		http://etf.wi.gov/members.htm		http://www.epiclife.com/pdfs/e11549-1308-wse-benefits+standard-		http://www.epiclife.com/pdfs/e11734_1308_wse_dental-brochure.pdf		http://www.epiclife.com/pdfs/e11734_1308_wse_dental-brochure.pdf		http://www.anthem.com/dental-stateofwi/		http://www.anthem.com/dental-stateofwi/		http://www.anthem.com/dental-stateofwi/										

* Uniform Dental not offered with Standard Plan, Medicare Plus or SMP

** Annuitant rates are listed on plan website

This outline is only a general outline of the dental benefits, limitations, and exclusions. You can find a more detailed description of dental coverage in the applicable certificate of coverage.

A certificate will be issued to each employee who becomes insured under the plan. Coverage is subject to all terms and conditions of the policy, which is your contract of insurance.

Policies consist of the group master policy, including the application and all policy riders and endorsements